Substitute PTO/SB/83 (01-06) Approved for use through 12/31/2008. OMB 0651-0035
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application No.	10/680,011
Filing Date	10/6/2003
Patent/Registration No.	7104948
Grant Date	9/12/2006
Inventor/Owner	Create Co., Ltd.
Attorney Docket No.	C019-P08066US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number: 33356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

☐ 10.40(b)(1) ☐ 10.40(b)(2) ☐ 10.40(b)(3) ☒ 10.40(b)(4): The practitioner is discharged by the client.
☐ 10.40(c)(1)(i) ☐ 10.40(c)(1)(ii) ☐ 10.40(c)(1)(iii) ☐ 10.40(c)(1)(iv)
☐ 10.40(c)(1)(v) ☐ 10.40(c)(1)(vi) ☐ 10.40(c)(2) ☐ 10.40(c)(3)
☐ 10.40(c)(4) ☐ 10.40(c)(5) ☐ 10.40(c)(6)

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence and address and direct all future correspondence to:

☒ The address associated with Customer Number: 24335

OR

☐ Firm/Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Douglas N. Larson/		
Name	Douglas N. Larson	Registration No.	29401
Date	December 2, 2008	Telephone No.	805-230-1350

NOTE: Withdrawal is effective when approved rather that when received. Unless there are 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.